

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

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CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Brig. Gen. Hillman Assumes Command of Letterman General Hospital, San Francisco

Completing his work on his fifth anniversary as Chief of the Professional Service of the Office of the Surgeon General, Brigadier General Charles C. Hillman left Washington on August 7th to take up his new post on or about August 20, as the Commanding General of Letterman General Hospital in San Francisco. This institution—containing 2,500 beds—has been designated as the principal debarkation hospital for casualties from the Pacific area. General Hillman will succeed Brig. General Frank W. Weed, who will soon retire. Major General Norman T. Kirk, Surgeon General, U. S. Army said today that "General Hillman's assignment as the Commanding General of this important hospital on the West Coast illustrates the Army's concern with the care of sick and wounded soldiers. It is of paramount importance that such work be carried out under the direction of a medical man of wide experience and sound judgment. He has ably directed our Professional Service, being mainly responsible for the initiation of the blood plasma program of the Army, resulting in saving the lives of thousands of American soldiers; under his direction was organized the chest x-ray examination of all Army inductees, with a lowering of the incidence of tuberculosis among military personnel to less than one-tenth that in World War I." "It is a happy coincidence," he observed, "that the qualities of administrative ability and sound medical judgment are thus combined in one man."

General Hillman obtained his doctorate of medicine from Rush Medical College in 1911 after graduating from the University of Arkansas. Following his internship in the Cook County Hospital he entered the Army Medical Corps in 1912. His assignments have been largely professional in character in important medical centers of the Army. His service has included several years at tropical stations during the years of peace and inspection of medical services in overseas theaters in the current emergency.

Navy to Spend \$1,500,000 Improving Two California Hospitals

Banning and Beaumont Institutions Opened to Begin Receiving Battle Zone Casualties

Scheduled improvements amounting to nearly \$1,500,000 will be rushed to completion at the Navy's new convalescent hospitals here and at Beaumont, the Navy recently disclosed.

The hospital sites, taken over from the Army a few weeks ago, will house nearly 2,400 Navy, Coast Guard and Marine Corps battle veterans, principally from the South and Central Pacific combat zones. A corps of nearly 900, including 60 officers, 100 Navy nurses, 575

† For complete roster of officers, see advertising pages 2, 4, and 6.

hospital corpsmen and more than 160 civilian workers, will staff the two hospitals, which are just six miles apart.

Breakdown on expenditures planned for the Banning Hospital involves \$485,000 for alterations and repairs, in addition to \$320,000 for new construction. This figure includes a large swimming pool, an important part of the establishment recreation setup.

Proportionate amounts will be expended for alterations, repairs and equipment at the Beaumont Hospital, as both plants were constructed by the Army for temporary training use and must be improved extensively.

Rear-Adm. George C. Thomas (M.C.), U.S.N., 11th Naval District medical officer, spoke at both of the commissioning ceremonies.

"This hospital, as one of many, is endeavoring to restore to good health these Navy veterans so they may return either to active duty or to civilian life," Capt. W. H. Short, U.S.N., said. He pointed out that patients treated at Banning will be those recovering from respiratory ailments, sinus infections and arthritic conditions, because of the ideal, dry climate which prevails in the area.

**Estimated Principal Causes for Rejection of
Registrants 18-37 Years of Age in
Class IV-F, as of May 1, 1944
(Preliminary)**

<i>Principal Cause for Rejection</i>	<i>Number</i>	<i>Per Cent</i>
Total	4,049,000	100.0
Manifestly disqualifying defects.....	425,700	10.5
Mental disease	657,100	16.2
Mental deficiency*	563,300	13.9
Physical defects	2,345,200	58.0
Musculoskeletal	303,500	7.5
Syphilis	286,800	7.1
Cardiovascular	261,600	6.5
Hernia	229,000	5.7
Neurologic	208,600	5.1
Eyes	206,100	5.1
Ears	156,100	3.9
Tuberculosis	107,700	2.7
Lungs	69,600	1.7
Underweight and overweight.....	60,700	1.5
Feet	51,700	1.3
Abdominal viscera	50,600	1.2
Kidney and urinary.....	41,900	1.0
Varicose veins	40,700	1.0
Genitalia	40,400	1.0
Endocrine	38,800	1.0
Teeth	35,800	0.9
Skin	24,900	0.6
Neoplasms	24,900	0.6
Nose	24,300	0.6
Gonorrhea and other venereal diseases	18,200	0.4
Hemorrhoids	16,500	0.4
Mouth and gums	11,000	0.3
Infectious and parasitic.....	4,200	0.1
Throat	4,000	0.1
Blood and blood forming.....	3,800	0.1
Other medical defects.....	23,800	0.6
Nonmedical defects	57,700	1.4

*Includes registrants rejected for educational deficiency before June 1, 1943, and for failure to meet minimum intelligence standards after that date, as well as those rejected for mental deficiency.

—*Journal of the American Medical Association.*

Blood Saves Lives

At a time when the run on the American Red Cross blood bank is reaching its highest point on the critical

battlefields, there is a slackening tendency in blood contributions in all parts of the country.

This should **NOT** happen.

If this slackening tendency continues, it will cost American lives.

Surgeon Gen. Normal T. Kirk of the United States Army most urgently reminds the American people that the blood plasma quota has been stepped UP, not down; that there is a minimum demand of 106,000 pints of blood a week for the armed forces.

This is an obligation of the entire American people, and it cannot be defaulted.

Casualties Are Near a Half Million

Washington, Oct. 19 (U.P.)—American war casualties neared the half-million mark today with announcement by the War and Navy Departments of new figures which brought the overall total to 453,375, of which 102,609—or about 25 per cent of all casualties—are listed as killed or died of wounds.

Total Army casualties in all theaters through October 6 were 384,895—75,562 killed or died of wounds, 208,392 wounded, 48,404 missing and 52,537 captured and interned. This total represented an increase of 33,602 over figures announced a fortnight ago, an increase ascribed in part to a revised and improved statistical system which permitted more up-to-date reports.

Announced Navy casualties as of today (Navy, Coast Guard and Marines) were listed as 68,480, including 27,047 died, 27,367 wounded, 9,586 missing and 4,480 prisoners.

The War Department also announced that Army casualties in France, Germany and the low countries from D-day through October 3 totaled 174,780, not including air forces casualties. The total figure included 29,842 killed, 130,227 wounded and 14,711 missing.—*San Francisco Chronicle*, October 20.

Military Clippings—Some news items of a military nature from the daily press follow:

Sacramento Hospital Unit Is Aiding Reconquest of France

The Sacramento evacuation hospital unit, composed mainly of Sacramento doctors and nurses, recently celebrated its second birthday with active participation in the invasion and conquest of southern France.

Dr. E. T. Rulison of Sacramento revealed he has received several cables from members of the group reporting their progress through southern France where they operate a 700 bed hospital under field tents.

The unit, known in the army as the 51st Evacuation Hospital, is composed of 40 doctors, 40 nurses and 500 enlisted personnel and was organized by Lieutenant Colonel Orrin S. Cook, veteran of World War I and former president of the Sacramento Chamber of Commerce.

Surgeon in chief is Lieutenant Colonel Donald McNeil, a former orthopedic surgeon.

Organization of the unit was begun shortly after Pearl Harbor by Colonel Cook. The members were trained in Fort Lewis, Wash., under their commander, Colonel H. A. Weller of the regular army.

In January, 1943, the unit was transferred to Needles, where they received training under desert conditions until July. The unit moved in July, 1943, to Banning, near Riverside, where it operated as a general hospital until November.

The final stop before embarkation was in Camp Cooke at Santa Maria where they stayed from November, 1943, until January, 1944.

Overseas the evacuation hospital was stationed in North Africa, near Oran, for three months.

In March the unit was transferred to Italy where the personnel worked as a general hospital near Naples until the invasion of southern France.

The unit is attached to the army of Lieutenant General Alexander M. Patch, Jr.

Syphilis and its cure by injunction was described by Luis Lobera d'Avila, who lived about 1551, and was physician in ordinary to Charles V.

COMMITTEE ON INDUSTRIAL PRACTICE

Re: California Industrial Accident Commission Surcharge

Physicians who have experienced difficulty in securing payment in full (including the 15 per cent surcharge) for compensation cases from certain insurance companies will be glad to learn that at least one of the recalcitrant companies has apparently changed its tactics and is now allowing the surcharge item.

Letters sent to the C.M.A. by several members show that where the physician has declined to accept the company's check—with the 15 per cent deducted—and has returned the check with a demand for payment in full, this company has responded by tendering a check in full payment of the statement, including the surcharge.

This experience bears out the wisdom of the physicians acting in unison and collecting these fees. It also emphasizes the suggestion made by the C.M.A. Committee on Compensation Fees that all physicians should take a firm stand in demanding that all insurance carriers pay the 15 per cent surcharge ordered by the Industrial Accident Commission. To date, four insurance companies have been reported as either refusing to pay the 15 per cent surcharge or demurring before paying it. Now, one of those four seems to have reversed its tactics; at least, it is paying the surcharge where it is demanded by the physician.

The C.M.A. office is interested in receiving further letters along this line. It is prepared, in turn, to assist any member in filing a protest and a disputed fee statement with the California Industrial Accident Commission if such a procedure is necessary. Again, it is urged that all physicians act together for the good of the common cause. Back up the Industrial Accident Commission and the C.M.A., and more adequate and fair fees for compensation work are bound to result.

California State Compensation Fund

Large Refunds of Premiums to Policyholders

Paul Scharrenberg, Director of Industrial Relations, has announced that on October 2, 1944, in accordance with the provisions of the Workmen's Compensation Act, the State Compensation Insurance Fund will begin its annual refund to California employers, returning the excess premiums collected during 1943. The Fund operates on the basis of furnishing insurance to employers at cost. After the payment of full compensation and medical benefits to injured workmen and making provision for claims reserves and a reasonable surplus for catastrophe hazards, the remaining surplus premiums are returned to the policyholders. The total sum to be refunded this year will exceed \$5,000,000, the largest amount for any year since the Fund was established in 1914.

Mr. Scharrenberg, who is also Chairman of the Industrial Accident Commission, the Fund's Board of Directors, stated further, "A favorable accident experience resulted from an effective program of safety engineering and public safety education. In combination with low operating cost and the largest premium volume of any compensation carrier in California the Fund is in a position to continue."

Insurance Law on Workmen Under Fire

Los Angeles (A.P.)—A State Assembly committee hearing, announced as a preliminary to a possible complete revamping of the California Workmen's Compensation Act, was opened here yesterday.

In an opening statement, Assemblyman Albert M.

King of Oroville said the Act was adopted at a time when there were only 900 claims a year for benefits to injured workmen.

He said the law has now become outmoded and inadequate to cover conditions under which the State Industrial Accident Commission is now required to settle 20,000 claims a year.

Hartley Peart, legal counsel for the California Medical Association, testified that medical fees for treatment of industrial cases are too low at the present time.

Assemblymen Frank Waters, Los Angeles, and Clyde A. Waters, Orange, are other members of the committee. —Sacramento *Union*, October 4.

COMMITTEE ON POSTGRADUATE ACTIVITIES

War-Time Graduate Medical Meetings

While the War-Time Graduate Medical Meetings have continued to carry on their important function, we are approaching a period in which renewed effort is important. With the increase in the duties of the medical personnel of our Army and Navy hospitals in the United States and the necessary reduction of the number of physicians at the representative units, comes increased difficulties in arranging for meetings. Every effort should be made to enlist the coöperation of civilian physicians to the end that these meetings may be taken to the military and navy units rather than ask service men to leave their posts for any length of time. At all events, the need for this type of meeting is more acute than ever and we cannot relax our efforts in this direction.

The regional directors are urged to inform the Central Committee of the status in their respective areas. Prompt and early information concerning future programs will facilitate publicity and act as a stimulant to other regions.

Regional activities follow:

* * *

Region No. 23 (Nevada, Northern California)—Dr. S. R. Mettler, Chairman; Dr. E. H. Falconer, Dr. D. N. Richards.

A War-Time Graduate Medical Meeting was conducted at the DeWitt General Hospital on September 13. Dr. Howard C. Naffziger lectured on "Peripheral Nerve Lesions and Their Treatment" and also held a clinic centered around several patients at the hospital. Dr. H. Glenn Bell discussed "Early Ambulation of Post-operative Patients" on the same program. Approximately eighty physicians attended this meeting, which was very well received.

Region No. 24 (Southern California)—Dr. W. A. Morrison, Dr. J. F. Churchill, Captain H. P. Schenck.

U. S. Naval Hospital, Santa Margarita Ranch, Ocean-side, California:

October 16—Audio-Visual-Kinesthetic Methods in the Rehabilitation of the War Deafened—Lucelia M. Moore.

The September program at this installation was conducted by Dr. Carl W. Rand, who spoke on "War Wounds of the Head: Comparison of Methods Used in World War I with Present Methods."

U. S. Naval Hospital, Long Beach, California.—October 21—Some Aspects of the Treatment of Peptic Ulcer—Dr. William C. Boeck.

On August 31 a meeting was held at the U. S. Naval Hospital, San Diego, featuring a paper by Dr. Sterling Bunnell on "Lesions of the Hand." The second program in the fall series at this installation took place on September 14, at which time Captain J. P. Owen spoke on "Amputations and Prosthetic Appliances." Motion pictures were also exhibited.

Heart Committee of San Francisco Tuberculosis Association

A form of typhus infection hitherto known only in

Japan and in the South Pacific—and for which there is no known successful treatment—is being encountered in the Pacific fighting zones by American soldiers. Lieutenant Maurice Sokolow of the U. S. Naval Hospital, Oakland, told a conference of western physicians on October 26.

The Navy doctor's paper was one of a series read at the first session of the fifteenth annual postgraduate symposium on heart disease sponsored by the heart committee of the San Francisco Tuberculosis Association, at the University of California Hospital.

He said the disease, called "scrub typhus," is transmitted by small insects, is of lengthy duration and weakens the heart.

Dr. Maxwell M. Wintrobe, professor of medicine at the University of Utah, told the hundreds of assembled physicians that illnesses diagnosed as heart ailments many times are actually only "by-products of anemia, and that relief can often be obtained by treating the anemia rather than the heart itself."

Dr. Wintrobe also discussed a strange heart ailment known as "sickle cell anemia," which he said affects only Negroes, causes the red blood corpuscles to assume a curved or sickle shape, and produces heart symptoms like those in rheumatic fever.

Dr. Henry Brainerd of San Francisco Hospital described another baffling heart difficulty, resulting from a streptococcus infection of the heart's inner lining.

He said doctors are working with sulfa drugs and penicillin to combat it, but that a successful treatment has not yet been devised.

Dr. Leslie Bennett of the University of California medical faculty said certain heart cases whose predominant symptom is a swelling of the lower body, have been successfully treated by elimination of salt from the diet.

San Francisco Psychoanalytic Society

The scientific program of the semi-annual meeting was held on Saturday and Sunday, October 28, 29, 1944, in the Ambassador Hotel, Los Angeles, California.

Program follows:

SATURDAY, OCTOBER 28, 1944

Symposium

SHORT PSYCHOTHERAPY

"Experiences with Short Psychotherapy in Military Psychiatry."

Commander U. H. Helgesson (MC) USNR

"The Practice of Short Psycholanalytic Psychotherapy"
Dr. Bernard Berliner

"Theoretical Considerations of the Indications, Limitations and Technique of Short Psychotherapy."
Dr. Otto Fenichel and Dr. Ernst Simmel

Discussion opened by Major William G. Barrett, M. C.

SUNDAY, OCTOBER 29, 1944

"The Possibilities and Limitations of Group Psychotherapy."

Dr. Emanuel Windholz

"Vestigial Roots of Schizophrenia."

Dr. J. S. Kasanin

Discussion opened by

Lt. Comdr. J. Clark Moloney, (MC) USNR

American College of Surgeons Expands Graduate Training Program

In expanding its program of Graduate Training in Surgery to assure adequate opportunities for advanced training in surgery, particularly for recent medical graduates when they return from service with the armed forces, the American College of Surgeons has enlarged its headquarters staff in Chicago. . . .

Surveys of hospitals for Graduate Training in Surgery have been conducted since 1937 by the College. When

the war ends in Europe, in order to satisfy the demands of men whose training in surgery was interrupted by war service, together with those of current medical graduates, sufficient opportunities should be ready to offer approved training to men who wish to become surgeons, Dr. MacEachern declares, adding that a competent surgeon according to present day ideas requires a preparation of three or more years of systematic, supervised graduate training in general surgery or a surgical specialty, following a general internship and graduation from an acceptable medical school.

Distinguished British Military Psychiatrist Will Deliver Salmon Lectures for 1944

Brigadier General J. R. Rees, Consultant Psychiatrist to the British Army, delivered the Salmon Lectures for 1944 at the Academy of Medicine, 2 East 103rd Street, in New York on three successive Friday evenings—November 20th, 21st and 22nd at 8:30 P.M.

The Salmon Committee on Psychiatry and Mental Hygiene, appointed by the Council of the New York Academy of Music, annually invites an outstanding specialist in the field of psychiatry, neurology, or applied sciences, who has made the greatest contribution to his specialty during the preceding year, to deliver the lecture series.

Following these lectures at the Academy of Medicine in New York, Brigadier Rees is touring the country and will present condensations of the three Salmon Lectures. Among cities to be visited is Los Angeles, where on November 30th Brigadier General R. J. Rees will appear before the Los Angeles Academy of Medicine.

Public Health School Formed in California

Establishment of a school of public health in the University of California was announced recently by President Robert G. Sproul. This is the first school of public health on the West Coast and culminates nearly 15 years of effort by the Western Branch of the American Public Health Association and many other organizations that have been interested and helpful in establishing such a school.

The new school was set up by the Board of Regents after the State Assembly passed a bill appropriating funds for the proposal. Dr. Walter H. Brown, chairman of the department of hygiene, has been appointed acting dean.

Planned as a university-wide undertaking, using the resources of all campuses, the school is being organized as a coöperative enterprise, and involves the participation of other departments and schools, including medicine, medical research, education, nursing, home economics, and sanitary engineering. Courses and curricula are being planned both for graduates and undergraduates. Plans will be developed for the graduate training of health officers, epidemiologists, public health engineers, industrial hygienists and other specialists.

The first official activities of the school are concerned with special training courses to meet war emergency course for sanitarians.

The Coördinator of Inter-American Affairs has made arrangements to send 15 students representing 12 Latin American countries to take a course to prepare them for public health education in their own countries.—Victor News.

The first to suggest the extirpation of cancer by means of a preparation containing arsenic was Valescus de Taranta (ca. 1470-1490). He was the author of a treatise on the plague and "*Philonium*," a work on medicine and surgery in seven books.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

"Political" Medicine Hit

Medical Group Head Scores U. S. Proposal

"Political domination of medicine will result in the people's getting third-rate, or fourth-rate, care—for under such domination, progress becomes stifled, ambition is curtailed and less gifted individuals are attracted to the profession."

So Dr. Lewis A. Alesen, president of the Los Angeles County Medical Association, told the graduating class of the College of Medical Evangelists at a banquet in the Biltmore Hotel on September 1.

Dr. Alesen, denouncing contemplated governmental legislation which would give control over some phases of medical and hospital practice to the Surgeon General of the United States, further declared:

"The government apparently lacks understanding of the human individual, his reaction to responsibility and his degeneration under paternalism.

CURB ON PROGRESS

"If medicine is politically dominated, the profession would go ahead only in a hap-hazard, desultory fashion. Progress does not come through alleged security but rather through venturesomeness and willingness to chance in order to achieve something better."

Dr. Alesen cited 16 statewide and three partly statewide plans, already in operation and developed by medical societies, which provide prepaid medical care. Five other statewide plans offering similar, low-cost service are soon to be launched, he said.

American Bar Association's Report on Wagner-Murray-Dingell Bill (S.1161)

The American Bar Association is limited to an expression of opinion and judgment with respect to those fields which relate to the administration of justice and which directly affect the safeguards and protection of the rights and liberties of the citizens of this country. Under normal circumstances, therefore, it is not the function of this Association to attempt to influence substantive legislation by the Congress of the United States. But when, under the pretext of the general welfare, legislation is proposed in Congress which either inadvertently or with deliberate subtlety constitutes a direct attack on the rights and liberties of the citizens of this country, it becomes the duty of this Association actively to voice its objections, a summary of which is as follows:

1. Local self-government must be preserved in our Federal system. State governments directly responsible to the will of the people are best adapted to exercise such supervisory control as may be instituted over the health and medical care of our citizens.

2. S. 1161 seeks to invest in the Surgeon General, who is not an elected servant of the people and who is not amenable to their will, the power arbitrarily to make rules and regulations having the force and effect of law which directly affect every home.

3. The measure furnishes the instrumentality by which physicians for their practice, hospitals for their continued existence, and citizens for their health and that of their families can be made to serve the purposes of a Federal agency.

4. The bill fails to safeguard the rights of patients, citizens, hospitals, or doctors with respect to disputes arising or rights denied through the arbitrary or capricious action of one man.

5. The bill fails to provide for any appeal to any court from the action of the Surgeon General.

6. The vicious system whereby administrative officials

judge without court review the actions of their subordinates in carrying out orders issued to them is extended in this bill to a point foreign to our system of government and incompatible with the adequate protection of the liberties of the people.

The Constitution of the United States is designed to protect the citizens of this republic in the exercise of the rights of free men. The provisions of that instrument can be rendered impotent, when our citizens, for the sake of an apparent immediate benefit, surrender to their government such direct control over their lives that government, by imposing a constant fear upon them of having those benefits withheld or withdrawn, can compel from them obedience and subservience to its dictates.

If the socialized-medicine bill had been in effect in 1942, the following would have resulted:

Social Insurance Contributions

(a) By employers and employees.....7.168 Billion Dollars
(b) By self-employed917 Billion Dollars

Total8.085 Billion Dollars

(c) By state and local governments
and employees259 Billion Dollars

Total8.344 Billion Dollars

Of the foregoing taxes there is required to be credited to the Medical Care and Hospitalization Account:

¼ of (a)1.792 Billion Dollars
3/7 of (b) and (c)......547 Billion Dollars

Total2.339 Billion Dollars

We come now to the number of people covered by the scheme:

Total employed in industry..... 44.9 Million

Total employed by state and local governments 3.3 Million

Total employed under Railroad Retirement Act 1.4 Million

Total self-employed 10.8 Million

Total Covered 60.4 Million

If every individual worker is covered by this act (as it appears he may be if his earnings are at a prescribed minimum), coverage must include practically all families in the United States. So with virtually complete family coverage by the act, there would be few or no patients left for physicians who prefer private practice to becoming a part of the socialized-medicine scheme.—*The Christian Science Monitor*.

Insurance on Health Asked

Congress will be asked when it reconvenes in November to approve a federally-financed compulsory health insurance program for the nation's needy.

Representative Miller (R.-Neb.) disclosed that the measure is drafted and ready for presentation to Congress, bearing the endorsement of Arthur J. Altmeyer, social security board chairman.

Miller's bill would cost the Federal Government an approximate fifteen million dollars—or 3 per cent of the estimated half billion dollars now granted states for medical care of the aged.

"People receiving old age assistance are not getting adequate medical care," Miller contended. "There is considerable red tape in showing they need it and three to ten dollars provided usually is spent for food and clothing.

"Money paid now for medical aid, if slightly supplemented by the Government, would buy a good insurance policy for medical, surgical and hospital care."

Miller said he plans to broaden the bill to assure the post-war unemployed as well as the aged medical care by doctors of their choice.

Magnus Hundt (1449-1519) studied philosophy, medicine and theology at Leipzig. In his principal work, "*Nuetzlich Regiment*," published in 1509, there are references to syphilis and the sweating sickness.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Labor Organizations and Medical Care

Following are excerpts from the "News Letter" of Northern California Union Health Committee, 57 Post Street, San Francisco (4), of date of October 25, 1944 (Vol. 1, No. 9). These items from the 12 page "News Letter" reflect the present and active interest shown by Labor organizations in medical and hospitalization service and other activities related to the existing system of medical practice:

Statistics.—It isn't often that statistics rouse more than passing interest, but not so with those released to the Committee by Miss Leona True, Director of the TB Division of the San Francisco Department of Public Health.

A total of 3,650 waterfront workers were tested in the month's survey, about which so much interest was displayed on the part of union members. Out of this large total, there were a remarkably small number of positive Tb findings, the percentage less than half the national average, proving our longshoremen to be a healthy crew in this respect. The Public Health nurses have followed up most of the positives: two men have been hospitalized, others are being observed by their doctors. Miss True told the Union Health Committee that she was much impressed by the union sponsorship of the survey and considered it to have been fine health education and a good use of public health facilities. . . .

Public Health Nurses Join Trade Union.—A majority of the public health nurses employed by the San Francisco City Health Department are now organized. Through the efforts of business agent Steve Hamilton, they form the Nurses' Section of SCWU, Local 503, CIO. The unit was formed in September and recently held its first membership meeting at which they were addressed by NCUHC Executive Secretary Marianna Packard. A mutual interest in close cooperation with the Union Health Committee was expressed, and it is expected that a union health committee will be formed within the section to make that cooperation effective.

Officers of the union are Doris Robinson, chairman, Mary Coyne, vice-chairman, Noelle Anderson, recording secretary, Marie Margot, sergeant-at-arms, CIO Council delegate, Mary Kern, with an executive committee composed of Margot Dieser, Rachel Sohl, and Helen Wilson.

Members of the union tell us that their first aims are naturally adjustments of wages, improved working conditions, matters of retirement provisions and vacations, and so on. A long term program is being worked out, to include such activities as an educational campaign to acquaint the public (and labor) with the duties and responsibilities of public health nurses. From the union itself will come increased impetus for the maintenance of high nursing standards, according to union spokeswomen. . . .

Permanente Hospital Staff Activities.—Leif Thorne-Thomsen, labor representative on the staff of Permanente Hospital, tells the Committee that attendance at the classes being given at the East Bay Labor School by Permanente doctors is on the increase.

Dr. C. C. Cutting, of the staff, will lecture October 23 at 8 p.m. on Recent Advances in Medicine and Surgery; Dr. E. E. Levine speaks October 30 on Health Problems after 40.

Dr. Sidney Garfield, medical director of the Permanente Foundation, will speak Monday evening, November 6th, on *Bringing More and Better Medical Care to More People*. This lecture will be handsomely attended, according to the School. No charge has been made for this course, which has as its purpose the stimulation of

interest in better health and medical care among the people of the East Bay community. . . .

The National Scene.—A significant report on *National Health Program* was adopted by the American Public Health Association at its annual meeting in October. The report recommended a national program offering the complete services of general practitioners, specialists, laboratories, hospitals and dentists to people in all areas of the country.

Recognizing the present inadequacies in personnel and facilities, the report states that the ultimate goal may not be obtained immediately but within ten years. Meanwhile, financial assistance should be given for training and personnel and for building necessary physical facilities.

To raise money for the provision of care and expansion of resources, the report recommends financing "through social insurance supplemented by general taxation or by general taxation alone."

Of particular interest to labor are these facts:

1. The people's contribution to such a program might be payment by the same means provided for in the Wagner-Murray-Dingell Bill—through social security deductions."

2. The payment to doctors would be as proposed in the WMD Bill—"Private practitioners in each local administrative area should be paid according to the method they prefer, i.e., fee-for-service, capitation, salary or any combination of these."

But the APHA report recognizes what labor has long felt through its experience, "that fee-for-service has a history of unsatisfactory results."

3. Professional public health workers through their organization, the APHA, are now publicly taking a stand on medical care as well as public health.

That position stems from the APHA Subcommittee on Medical Care, whose chairman is Dr. Joseph Mountain of the USPHS, and which includes such other experienced public health men as George Perrott and Nathan Sinai. For their leadership they have already received a blast from the organized medical profession. Morris Fishbein, editorializing for the A.M.A., says of the report, "Perhaps this step . . . will be useful in serving notice of the political manipulators in the fields of social security and public health whom the medical profession will be forced to combat." . . .

CIO Testimony on Nation's Health.—Two representatives of the CIO, Robert Lamb, Legislative Director of United Steelworkers of America, and Albee Slade, Legislative Representative of the Los Angeles CIO Council, appeared before the Senate Subcommittee on Wartime Health and Education in September.

The NCUHC has just received from headquarters a copy of the National CIO statement entitled—*Memorandum on the Need for Better Medical Care*. It states first that there is a need for collecting more information on the actual cost of providing medical care in localities and regions. It contains careful facts on selective service rejections, the inadequacies and maldistribution of medical facilities and personnel and on the inability of large numbers of people to purchase adequate care.

Citing labor's position, it says, "To overcome the economic consequences of the uneven incidence of medical costs, those costs should be met through insurance or public medical services. . . . While insisting on a national program, labor has not lost the chance to do what it can to ameliorate the present neglect." Pointing to the objectives of union sponsored programs, the statement cites offering of physical examinations to referred workers, promoting safety programs, and aiding rehabilitation programs.

Albee Slade's presentation set forth as an initial point that the achievement of a satisfactory level of national

health requires a three point program involving Federal assistance in financing.

"The first is the provision of adequate hospital and sub-hospital facilities, properly distributed throughout the country.

"The second essential is adequate and completely accessible medical care, available to all, through systems combining group practice by physicians and group prepayment by the consumers—the public.

"The third essential is public subsidy for the professional education of medical students and for postgraduate study at regular intervals by physicians in practice."

Slade held that subsidization of medical education is necessary to reduce the cost of providing medical attention.

Reflecting conditions in California as illustrations of unsuccessful patterns, Slade criticized the California Physicians' Service and the State Procurement and Assignment Service under the War Manpower Commission. In both cases instances were cited as demonstrations of failure to meet the needs of production workers and vital industrial communities. (Note by Ed. CALIFORNIA AND WESTERN MEDICINE.—For cross reference, see footnote on page 206 in October, 1944, CALIFORNIA AND WESTERN MEDICINE.)

In a letter to the Union Health Committee, Slade wrote, "I hope that the results of these hearings will be of great importance not only to organized labor but to all of our people. . . . I would like, therefore, to express my appreciation for the very able assistance lent by your Committee in designating Miss Stein to help and prepare for the hearings. Her thorough knowledge of recent developments throughout the nation in the field of medical care . . . was of inestimable aid." . . .

Public Health Agencies Meeting in San Francisco

Scores of San Francisco agencies and professions concerned with public health met on October 18, at the city's first Institute on Public Health Education to work out a lasting program for better health through knowledge.

They gathered under the guidance of Dr. Clair E. Turner. Pointing out that public health education pays for itself many times over in lowered community expenses for care of the sick, Doctor Turner said:

"We find that numberless persons are needlessly ill because they unnecessarily expose themselves to infection, because they fail to get the needed food elements, because they depart from basic principles of mental hygiene and because they substitute fads and self-medication for hygienic living and scientific medicine."

Doctor Turner was lent to San Francisco for the two day Institute by the Office of the Coördinator of Inter-American Affairs, for which he is chief health education officer. Principal purpose of his talk was to outline methods for carrying out public health education on a communitywide basis.

Sessions were held at headquarters of the San Francisco County Medical Society, 2180 Washington Street. The Society is sponsoring the Institute jointly with the city department of public health.

Dr. Rodney M. Beard, chairman of the Institute's committee on arrangements, said a principal aim of the health education program is illustrated by San Francisco's current need for sewer improvements.

"We are proposing to vote bonds for better sewers," he said. "It does little good for various officials to say we need them. There must be a general public understanding that such sewer improvements are essential to public health."

Doctor Turner said newspapers are one of the "main voices" of public health educators.—San Francisco Examiner, October 18.

Raw Milk Banned by City Council of San Jose

By a vote of six to one, the San Jose city council recently adopted an ordinance prohibiting the sale of raw milk in San Jose. . . .

Council President E. H. Renzel, Jr., raised the question whether an ordinance requiring producers of raw milk to have their herds certified as free from tuberculosis, Bangs disease and mastitis would meet with their favor. The latter bovine ailment was connected in the discussion with "strep throat" in human beings.

This was answered by Frank J. Corriea, who operates a 50-cow dairy on the Bayshore highway to the effect that he would have no objection. . . .

To clarify this point he called attention to a statute which was on the city books from 1923 to 1937, promulgated as a health measure and requiring that milk sold as pasteurized must be treated in side the city limits. While the ordinance was in effect, licensed producers were also selling raw milk inside the city limits. After 1937, pasteurization in a radius of 15 miles outside the city limits became legal. . . .

Carter read a copy of the letter which he directed to the American Medical Association, Dr. Karl F. Meyer of the Hooper Foundation, San Francisco, the California Tuberculosis Association, Dr. Charles Smith of the Stanford University School of Medicine and president of the State Board of Health, Dr. C. S. Mudge of the University of California Agricultural Experiment Station, the California State Medical Association, County Medical Society, Dr. Charles Ianne of Stanford School of Health, Dr. Wilton Halverson, California State Health Department, Dr. Edward Kupka, state director of tuberculosis, Arthur Hayes, State Department of Agriculture, Dr. Gerald Scarborough, director of the County Tuberculosis Clinic, Dr. Buford Wardrip, Alum Rock Sanitarium, Dr. Thomas Parran, surgeon general of the U. S. Public Health Service, and Dr. Kendal Emerson of the National Tuberculosis Association.

The authorities were unanimous in favoring pasteurization, he declared, reading excerpts from two of the most complete answers received.

Carter included in his letter questions on all the major objections raised by opponents of pasteurization. Opinions developed by this question and answer method:

Rigid inspection alone will not adequately protect the health of the community. Neither will pasteurization, unless it is accompanied by rigid inspection. No epidemic was ever traced to *properly* pasteurized milk. Pasteurization lessens certain food values, but not in a manner to injure health. . . .

On the question of the comparative taste of raw and pasteurized milk Dr. Smith wrote:

"The fine, rich flavor of raw milk, which its adherents praise, is really the fine, rich flavor of cow manure, which is volatilized off in pasteurizing."

Carter's authorities declared that pasteurization enhances the keeping quality of *good* milk, and said that if milk "putrefies" instead of souring, it was not clean milk to begin with.

Similar points were made by Dr. Harlin Wynns, epidemiologist of the State Board of Health, present as a guest speaker, who said:

"Early day pasteurization methods were not as safe as they are at present. If the process is not carefully controlled so that the temperature does not go above 145 degrees, there are taste changes. This is not true, below that temperature, provided the milk was good and pure in the first place. There is a mechanical factor in pasteurization which may fail. Inspection will correct objectionable milk production practices, but it will not detect the presence of typhoid germs."

A Personal Matter

Dr. E. H. Skinner, editor of the *Kansas City Medical Journal*, expresses some basic thoughts in connection with Federal socialization of medicine as proposed under the pending Wagner health bill. He points out that a survey of public opinion shows that a majority of people are concerned about finding methods of meeting unpredictable expenses of catastrophic illness, and says, "The politician and social workers offer government medical services as an answer to this developing demand. Insurance companies offer accident and health insurance. Industry or management offers contributory or participating disability insurance. Some groups of physicians offer attractive pre-payment schemes. Some county medical societies offer coöperative pre-payment methods.

"It is so easy to argue that the medical profession must accept the whole responsibility of extending and distributing all the services to all the people. But the responsibility must be shared by each of the basic factors in the whole problem.

"Government should encourage the people to accept solutions that are adapted to democratic economies, rather than promoting totalitarian mediocrity. . . .

"There can be no isolation of responsibility to medicine, to labor, to industry or insurance. The people themselves must accept and discharge their individual and collective responsibility by agreeing that good health and attention to their illness can never be a matter of governmental spending through bureaus."

Any health service based on shared expense, that is sound in principle, must be subject to actuarial proof and stabilization.

"Social security," including socialized medicine, is not an insurance policy. It is a matter of legislation that can be changed, shifted, sacrificed or bankrupted by the same legislators that created it.—San Francisco *Western Underwriter*, June.

Scarlet Fever and Streptococcic Sore Throat

The Significance of the Dick Test—Sulfadiazine Prophylaxis for Contacts

There have been over 1000 cases of scarlet fever reported to the Los Angeles City Health Department so far this year. Although there have been only three deaths in this group, the man hours lost and the permanent health damage that has resulted make this a very important disease.

Scarlet fever is the result of a throat infection with a toxin-producing hemolytic streptococcus in an individual susceptible to this rash producing toxin. The Dick test is merely an intracutaneous test for susceptibility to this toxin. The main damage to the human body is done, not so much by the rash producing toxins, as by the streptococcus itself through localization and abscess formation (otitis media, cervical adenitis, mastoiditis and sinusitis), by permanent kidney damage, and by activation of acute rheumatic fever.

The majority of contacts of scarlet fever are known to harbor in their throats the same streptococcus as the case itself. These people, because they are not susceptible to the toxin of the streptococcus, do not develop scarlet fever. They may, however, disseminate the organisms in the community, develop clinical streptococcus sore throat, or develop the same complications that result in the person with scarlet fever. The Los Angeles City Health Department recommends the prophylactic administration of small doses of sulfadiazine (i.e. gm. 2.2,1,1, in adults on four consecutive days) to all contacts of scarlet fever.—*Bulletin of Los Angeles City Health Department*.

Many Diets Fail to Meet Adequate Nutrition Levels

The Committee on Diagnosis and Pathology of the Food and Nutrition board of the National Research Council has reviewed material reported in widely scattered journals on the state of nutrition of the people of the United States. An appreciable percentage of diets fail to meet more than 50 per cent of the recommended daily allowances of the Food and Nutrition board, but many more diets are deficient by less than 50 per cent.

This widespread prevalence of more or less deficient diets is associated with a high incidence of different states of deficiency, largely mild in intensity and gradual in its course. The problem thus created is both preventive and corrective. For prevention, production of sufficient food must be maintained and better distribution is required; judicious enrichment of appropriate foods may be advisable, and dietary education should be intensified and extended. For correction there is need for skill in detecting deficiency conditions and improved procedure for the treatment of such conditions.

There has been some exaggeration of the benefits of the best nutritional standards and much exploitation of the vitamins. Knowledge of the relation of nutrition to health is being rapidly uncovered.

American People Give 30 Million Dollars in 11-Year Fight on Poliomyelitis

In the last eleven years the American people have contributed \$29,562,742.54 to conquer infantile paralysis, Basil O'Conner, President of the National Foundation for Infantile Paralysis, announced on September 11 at the opening of the annual meeting of the Medical Advisory Committees of the National Foundation at the Waldorf-Astoria Hotel. At that meeting applications for grants to carry on medical research was considered and further plans for carrying on the fight against infantile paralysis was made.

Sixteen million dollars, or more than half of the total given, was raised in the two years of 1943 and 1944.

"Some idea of the scope and extent of the National Foundation's program of scientific research is shown by the fact that, since it was organized only six years ago, it has made 298 grants to 74 institutions involving 114 groups of workers, in one of the greatest scientific attacks against any disease."

During the past eleven years almost \$15,000,000 of the total raised has been left with the counties where raised to provide the best in medical care for the thousands of new patients reported each year.

Of the remainder of this nearly 30 million dollars, the National Foundation received approximately 13 million dollars to conduct its programs of scientific research, education and epidemic relief. One-half has been used by the National Foundation for grants in research dealing with the virus, epidemiology and after-effects of infantile paralysis, education and epidemic aid as follows: virus research, \$2,053,761; after-effects research, \$1,405,292; education, \$1,179,215; epidemics, \$637,548; Tuskegee Institute, \$404,256; Georgia Warm Springs Foundation, \$825,000—total \$6,508,475.

New Venereal Plan for San Francisco

The proposed ordinance to check venereal disease, presented to the San Francisco Board of Supervisors on October 20, would if adopted make it possible to strike at the source of 80 per cent of the cases now contracted, it was claimed by the proponents.

Explanation of the drastic measure was given by Dr. Geiger in a letter to City Administrator Brooks. It read:

"It is my feeling that the proposed ordinance which

permits the police officers to apprehend a person on the basis of preliminary quarantine rather than to make it necessary for this police officer to accumulate adequate evidence for arrest, and which provides that all persons who are arrested be automatically quarantined by the Police Department, is of infinite value and in the interest of venereal disease control.

"It is important to point out that this ordinance safeguards the interests of the public by providing that such quarantine as established by the Police Department shall exist for a maximum period of 24 hours only, or until the Health Department has an opportunity to review the grounds and reasons for the establishment of such quarantine at which time the Department of Health, if indicated, will establish the diagnostic quarantine which may exist for a maximum period of 72 hours during which time the person will be examined for a venereal disease.

"This ordinance will make it possible for us to reach one of the largest sources of venereal disease, namely, those women who patronize bars and taverns and who are now responsible for at least 80 per cent of the venereal disease being contracted by the members of the armed forces and the civilian war workers."

The discoveries of healing science must be the inheritance of all. That is clear. Disease must be attacked whether it occurs in the poorest or the richest man or woman, simply on the ground that it is the enemy; and it must be attacked just in the same way as the fire brigade will give its full assistance to the humble cottage as readily as it will give it to the most important mansion.—Winston Churchill, *Lancet*, Mar. 11, 1944.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

California Women Urged to Enroll as Home Nurses

In the midst of San Diego's home nursing campaign, Mrs. Louise Graham, chairman, local Red Cross home nursing, on September 16 cited an appeal by Dr. Lowell S. Goin, president of the California Medical Association, to the women of California to do their part in safeguarding the health of the state by learning basic principles of home nursing.

He pointed out that, with 100,000 doctors and nurses now in uniform, citizens can be of inestimable assistance in relieving the pressure on civilian doctors through a working knowledge of home nursing and first aid, she said.

Goin revealed that the goal for California for the period July 1, 1944, to June 30, 1945, is 39,746 graduates in home nursing, to protect the home front adequately.

Los Angeles County Considers Giving Emergency Hospital Service for Cities in the County

Under consideration by the Board of Supervisors is the establishment of Los Angeles County-sponsored emergency hospital service in Long Beach as well as in all other cities of the county. The county manager, instructed by the supervisors, will examine the financial and administrative phases of a single unified system of emergency hospital service.

In an initiatory step toward such a program, supervisors have opened for admittance to emergency cases the well equipped hospital on the grounds of the County Farm north of Long Beach.

All cases requiring further hospitalization would be transferred later to the General Hospital in Los Angeles. Under the proposed plan, the hospital at the County Farm, which has in the past limited its services to the treatment of indigents, would serve the southern part of Los Angeles County.

New State Mental Health Board Is Proposed Here

The creation of a new state executive department of mental health was recommended to a conference of neuro psychiatrists and state department heads which convened in Sacramento on September 8 by Governor Earl Warren to help formulate an improved California program for meeting the problems of mental illness.

The suggestion came from Dr. W. L. Treadway, medical director of the United States Public Health Service in the Los Angeles district. Dr. Treadway urged such a department be headed by an experienced physician, adequately paid and given a tenure of office based upon ability and merit.

In setting up such a new department, not only to supervise the state mental hospital program but also to regulate local mental hygiene and health activities, Dr. Treadway suggested the establishment of a bipartisan state board similar to the regents of the University of California or the State Board of Health. He would have the terms staggered so that no change of state administration would upset the board's functioning.

Among the factors needed for a better mental health program, Dr. Treadway listed an enlightened medical profession, sound public policies including proper financial support and effective administration of the mental institutions, and the dissemination of data on mental illnesses and their causes which would produce an informed and articulate public opinion on the subject.

The federal health service official also discussed the need for child guidance clinics for early recognition and treatment of mental illnesses, establishment of special educational facilities for defective youngsters, emphasis on research into causes and treatment of mental maladies and revision of what he termed the present archaic state law on insanity commitments.

Although \$200,000,000 is being spent annually in the United States for the care of the mentally ill, he said, less than 1 per cent goes for research purposes.

There are as many beds required in the establishments for the care of the mentally ill in America, he reported, as there are for all other forms of disease. And, in recent years, he added, 14,000 new beds have been needed in mental institutions annually.

The conference was informed that out of every 22 children born in this country, one finds his way into a mental hospital and one other seeks mental health assistance but does not reach an institution.

COMMITTEE ON HISTORY

Re: History of the Alameda County Association

Dr. Milton Shutes, historian of the Alameda County Medical Association, in the October 16th issue of the Association's *Bulletin* gives the following interesting data:

The first Alameda County Medical Association, consisting of nine members, met twice in the new Court House in San Leandro on August 18 and 25, 1860. It was the first of its kind in the State. Although it organized itself properly and set a date for its third meeting early in October, it promptly disintegrated, presumably in the political tumult that ushered in the Civil War.

Nine years later, eight other men from acceptable medical schools, seeking the distinction and stimulation of organization, met to form the Oakland Medical Association. In the act of incorporation, however, the name was changed to the Alameda County Medical Association. The rules and medical ethics of the American Medical Association were adopted, a library was begun,

meetings were held once a month in the "reception parlors" of members, and within a year the membership had doubled itself. It was the third county society in the State to get organized, preceded by one year only by the Sacramento and San Francisco County Medical Associations in 1868. It was inspired by men such as Dr. Thomas H. Pinkerton and further vitalized by men such as the famous Le Conte brothers.

Through the remaining thirty years of the 19th century, as oak trees gave place to city streets, the growing membership of the Association fermented with the leaven of scientific medicine. The microscope became something more than of academic interest; the tenaciously held theory of zymosis gradually gave place to microscopic organisms as the causes of infectious diseases; and the art of abdominal surgery passed from hesitant beginnings to its firm foundation. In addition to its primary interest in medicine, it spent much of its energy in fighting medical charlatans, "irregular and ignorant medical men," and with a certain naïveté against the ancient evils of society—prostitution and alcoholism.

The last fifty years and more of this Society lies within the memory of some present men. They are living witnesses to the momentum begun seventy-five years ago that has carried the Alameda County Medical Association to its present numerical, financial, organizational and scientific strength, and to its leadership in an acceptable approach to "social medicine."

Medical History: In Los Angeles County

The *Bulletin* of the Los Angeles County Medical Association in its October 5 issue printed the following: WILL YOU HELP US OBTAIN PICTURES OF FORMER OFFICERS

The Library of the Los Angeles County Medical Association is very desirous of completing its file of portraits of past officers of the Association. Photographs of a number of members who years ago held office are missing from the files or were never received in those early days.

If you should happen to have a picture of any type or know where one can be obtained of any one of the following physicians, please get in touch with the office of the secretary, 1925 Wilshire Boulevard:

L. L. Dorr.....	Secretary.....	1871
R. H. Dalton.....	President.....	1876
Charles C. Barton.....	Secretary.....	1877
W. Lockhart.....	President.....	1880
H. B. Lathrop.....	Secretary.....	1882
W. G. Cochran.....	Secretary.....	1883
W. L. Wills.....	Secretary.....	1885
F. A. Seymour.....	President.....	1885
A. McFarland.....	President.....	1886
E. T. Shoemaker.....	Secretary.....	1886
F. T. Bicknell.....	President.....	1887
W. D. Babcock.....	Secretary.....	1888
G. W. Lasher.....	President.....	1888
J. H. Davidson.....	President.....	1890
M. L. Moore.....	President.....	1891
W. W. Hitchcock.....	President.....	1892
D. G. MacGowan.....	President.....	1894
O. D. Fitzgerald.....	President.....	1895
E. A. Praeger.....	President.....	1898
D. L. McCarthy.....	Secretary.....	1900
C. G. Stivers.....	Secretary.....	1901
J. H. Utley.....	President.....	1902
W. W. Beckett.....	President.....	1904
Joseph M. King.....	President.....	1905
F. C. E. Mattison.....	President.....	1906
S. P. Black.....	President.....	1909
W. W. Richardson.....	President.....	1910
William M. Lewis.....	President.....	1913
Charles Whitman.....	President.....	1916
William Duffield.....	President.....	1918
W. T. McArthur.....	President.....	1919
Rea Smith.....	President.....	1920
Walter Brem.....	President.....	1921
George G. Hunter.....	President.....	1929

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (63)

Alameda County (1)

Edwards, Robert L., *Oakland*

Butte-Glenn County (1)

Horning, Merritt C., *Chico*

Los Angeles County (43)

Appelbaum, Alfred, *Huntington Park*
 Barmaneder, Anton, *Los Angeles*
 Bartosh, Esther H., *Los Angeles*
 Beauchamp, M. L., *Memphis, Tennessee*
 Berez, Joseph S., *Redondo Beach*
 Blinstrub, A. A., *Inglewood*
 Chavannes, V. Cecile, *Culver City*
 Coleman, Ralph Leslie, *Los Angeles*
 Covey, Herman W., *Los Angeles*
 Cummings, Clara Mae, *Burbank*
 Dale, Charles L., *Los Angeles*
 Dalton, Burr, *North Hollywood*
 Daniele, Joseph A., *Los Angeles*
 Demandante, Primitiva D., *San Pedro*
 Donahey, Victor V., *Studio City*
 Drummond, Donald L., *Los Angeles*
 Edmunds, Joseph T., *Alhambra*
 Finesilver, Benjamin, *Beverly Hills*
 Gaster, Joseph, *Los Angeles*
 Griffin, Edna L., *Pasadena*
 Ham, George H., *Meridian, Mississippi*
 Hill, Wilbert G., *Los Angeles*
 Hirshberg, H. A., *Camp Roberts*
 Hofgaarden, Luther V., *Los Angeles*
 Kerrick, Stanley Edward, *Los Angeles*
 Knutti, Ralph E., *Los Angeles*
 Kurlander, Joseph J., *Los Angeles*
 Levan, Norman E., *San Francisco*
 McGinnis, James Edward, *Los Angeles*
 Michael, Ralph H., Jr., *Los Angeles*
 Murray, Leo Charles, *Los Angeles*
 Myers, R. B. S., *Santa Monica*
 Nielsen, John W., *Los Angeles*
 Paskan, Julius A., *Culver City*
 Penner, O. W. J., *Temple City*
 Rosenthal, Samuel M., *Los Angeles*
 Schiff, Isadore Joseph, *Los Angeles*
 Sharpe, Walter Eugene, Jr., *San Pedro*
 Shmukler, B. Cecelia, *Los Angeles*
 Sturges, Evleyn P., *Los Angeles*
 Sugarman, Jerome N., *Los Angeles*
 Welton, Walter F., *South Gate*
 Wilmoth, Marion E., *San Pedro*

San Francisco County (13)

Abrams, Alan L., *San Francisco*
 Erler, Theodore G., Jr., *Los Angeles*
 Fung, Paul F., *San Francisco*
 MacLaggan, James C., *San Francisco*
 Sanderson, Herbert C., *San Francisco*
 Thornton, Elizabeth, *San Francisco*
 Torre, Walter N., *San Francisco*
 Ury, Oskar, *San Francisco*
 Walsh, John D., *San Francisco*
 Warner, George F., *San Francisco*
 Weber, Manuel L., *San Francisco*
 Windholz, Frank S., *San Francisco*
 Woolley, Le Grand G., *San Francisco*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

San Joaquin County (4)

Clarke, Robert W., *Murphys*
 Johnson, Carrol Allen, Jr., *Stockton*
 Richli, William Campbell, *Stockton*
 Zeller, Robert F., *Stockton*

Stanislaus County (1)

Davis, J. Paul, Jr., *Turlock*

Transfers (1)

Nelson, Clarence E., from San Diego County to Los Angeles County.

In Memoriam

Alanson, Milton R. Died at San Francisco, August 16, 1944, age 60. Graduate of the Cooper Medical College, San Francisco, 1907. Licensed in California in 1907. Doctor Alanson was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Cunningham, Robert Law. Died at Los Angeles, September 10, 1944, age 63. Graduate of the Johns Hopkins University School of Medicine, Baltimore, 1907. Licensed in California in 1909. Doctor Cunningham was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Johnson, Milbank. Died at Pasadena, October 3, 1944, age 72. Graduate of Northwest University Medical School, Chicago, 1893. Licensed in California in 1893. Doctor Johnson was a member of the Los Angeles County Medical Association, and the California Medical Association.

+

Little, Elmer William. Died at Los Angeles, September 8, 1944, age 74. Graduate of the Grand Rapids Medical College, Michigan, 1901. Licensed in California in 1921. Doctor Little was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Preston-Brown, Frances M. Died at Los Angeles, August 18, 1944, age 40. Graduate of the Woman's Medical College of Philadelphia, Pennsylvania, 1941. Licensed in California in 1944. Doctor Preston-Brown was a member of the Los Angeles County Medical Association, and the California Medical Association.

+

Smith, Mark Harrison. Died at Glendale, September 8, 1944, age 73. Graduate of the State University of Iowa College of Homeopathic Medicine, Iowa City, 1895. Licensed in California in 1925. Doctor Smith was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Waddell, William Everett. Died at Los Angeles, September 1, 1944, age 74. Graduate of Pulte Medical College, Cincinnati, Ohio, 1887. Licensed in California in 1895. Doctor Waddell was a Retired member of the Los Angeles County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

CALIFORNIA PHYSICIANS' SERVICE†

Board of Trustees

Ray Layman Wilbur, M.D., President, Stanford University
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C.P.S. Beneficiary Members

	<i>August</i> 1943	<i>August</i> 1944
Commercial Program	49,000	86,000
Rural Health Program	2,400	2,011
War Housing Program	36,347	15,464
Total Membership	87,747	103,475

* * *

During the current month of October, California Physicians' Service is in the process of enrolling over 20,000 new members. This is over twice the number that were enrolled in any other single month. It is doubtful that this rate of growth can be maintained in the succeeding months, since one large group contributed considerably to this number. Nevertheless, it is an indication that C.P.S. is becoming more and more acceptable to the public, and especially through the larger industries. It is also an indication that labor, in the masses, are looking favorably upon C.P.S. as a medium through which they may prepay their medical care.

As an indication of some of the healthy public relations aspects of C.P.S., it is of interest to note that since the May meeting of the California Medical Association, some 200 physicians have become new professional members of C.P.S., and the roster is growing all the time. Aside from the final recommendation by the medical profession as a whole that C.P.S. should be backed, individual County Societies are now coöperating in canvassing their membership for those physicians who, for one reason or another, did not see fit to join up in the beginning. Also, new physicians coming into the communities are contacted, and the combination of these two will result in a steady increase in professional membership which is evident in this office to date.

A. E. LARSEN, M.D.
Executive Medical Director.

Huntington's Chorea.—The entire medical career of George Huntington was devoted to work as a medical practitioner. He modestly disclaimed the one scientific study that he had ever made, saying that the credit for recognition of the choreic condition he described was due his father and grandfather who had familiarized him with this infrequently seen familial disease. The fact remains, however, that scientific study of this disease was based on his classical description written in 1872.—Warner's *Calendar of Medical History*.

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M.D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.